

**THE PRICES PEOPLE HAVE TO PAY FOR MEDICINES
IN INDONESIA**

**Center for Health Services and Technology Research
National Institute of Health Research and Development
Ministry of Health Indonesia**

In collaboration with:

**WHO Jakarta
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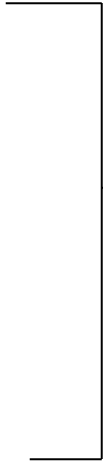
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Executive summary

The National Institute of Health Research and Development of the Ministry of Health has carried out a field study to measure the prices and availability of medicines using the WHO/HAI price measurement methodology. Data on the prices and availability of 42 medicines were collected in the public, private for-profit and other sectors in six provinces representing four regions of Indonesia - Capital region and Java island (Jakarta and Jawa Timur), Western part of Indonesia (Sumatera Selatan), Central part of Indonesia (Kalimantan Selatan and Sulawesi Selatan), and Eastern part of Indonesia (Papua).

The study took place in one municipality and one district in each selected province. The cost of treatment was calculated for 12 treatments and compared to the daily wage of the lowest paid unskilled government worker. The price analysis was limited to 33 medicines, while the other 9 medicines are to be analysed separately as a component of TRIPs study.

The results show that in Indonesia, the prices of medicines are high and with small variation between public and private sector and between regions. In general, the prices of the innovator brand products were much higher than international reference prices; on average they were more than 20 times higher. They were also about 2-7 times higher than the most sold generic equivalents and, in some cases, more than 10-15 times higher. The lowest price generic equivalents were also expensive. In public procurement for primary healthcare prices of generics were found to be on average 74% higher than the international procurement prices. The patient prices in public hospital pharmacies and in private for-profit sector (private retail pharmacies and private hospitals) are almost identical.

Affordability analysis showed that treatment of diabetes with innovator brand glibenclamide from a private pharmacy would require 8.4 days' wages to pay for a month's supply. In contrast, treating diabetes with generic glibenclamide is less than tenfold as expensive, requiring 0.6 days' wages in both public and private pharmacies. A week's treatment for pneumonia would require 1.5 days salary to pay for innovator brand amoxicillin, 0.4 days for a generic.

Conclusions and recommendations

The principal conclusions of the study are as follows:

- Prices are high compared to international reference prices in public and private pharmacies and there are large differences between innovator brand and generic equivalent products.
- The prices of generic medicines vary and the cheapest generic equivalent is not always the most sold.
- The availability of medicines in public sector, especially in public procurement, is far from optimal. This could be due to a restricted list being used in public sector and not corresponding well with the list of medicines surveyed.
- The price difference between what patients pay in public and private sectors are small.
- Generics are widely available in all sectors and the prices are much lower than innovator brand products making treatment more affordable for most people but we do not know whether they are being promoted and sold as often as they should.
- The prices vary little across regions in Indonesia and suggests that distribution and transportation cost have little influence on final price.
- Indonesian public health sector is inefficient in procurement as prices obtained are on average almost two times the international procurement prices.

On the basis of the findings of the study, the following recommendations are made to the Ministry of Health Indonesia.

1. For a large country with a diverse healthcare sector such as Indonesia, this survey is not large enough to draw firm conclusions. Similar surveys should therefore be conducted by state.
2. An extended survey should be undertaken to ascertain the reasons for the high prices and the large prices differences between innovator brands and generic equivalent products.
3. Measures should be taken to lower patient prices in public sector, making public sector an attractive alternative.
4. A policy favouring the use of generic medicines should be strengthened by introducing quality assurance to increase professionals' and patients' confidence.

5. Inefficient public procurement should be elaborated and solved by following possible approaches:
 - Competitive tender with price transparency
 - Use international reference prices as guidelines
 - Introduce tender procurement for hospitals
6. In-depth analysis on generic medicines pricing should be undertaken in order to avoid that generic medicines are sold based on the selling price of innovator brand and not based on actual manufacturing cost.
7. A system for continuous monitoring of prices which must also ensure transparency should be established.
8. In September 2004, Indonesian Parliament has enacted the National Social Security Law in which national social health insurance program is one of the five social security programs. This Law opens an avenue to link national prepaid financing scheme with national drug policy. The Law can strengthen generic competition and medicine pricing formula indirectly through setting up drug formularies guaranteed by the national social health insurance program. The result of this study can be used for discussion on developing drug formularies for the implementation of the national social health insurance program.

1. Introduction and Background

During the months of August and November 2004, a field study was conducted to measure medicine prices in six provinces in Indonesia. The goal of the study was to draw on price monitoring and cross-country comparison to find reliable information on medicine prices in

order to develop a sound medicine pricing policy and to secure people's access to affordable medicines. The field work was carried out by using WHO/HAI methodology for the collection, analysis and interpretation of medicine prices in a standardized way. It endeavors to shed light on six questions:

1. What prices do people pay for key medicines?
2. Do the prices and availability of the same medicines vary in different sectors: public pharmacies, private pharmacies and 'other' outlets?
3. What is the difference in prices of innovator brands and generically equivalent medicines?
4. How do procurement prices compare with international reference prices and with local retail prices?
5. How affordable are medicines for ordinary people?

Country Data

Geography, population, administrative structure and macro economy

Indonesia is an archipelagic country of over 17,000 islands occupying a total area of 5.2 million km² (1.9 million km² land area and 3.3 million km² ocean areas) and lying between Pacific and Indian Oceans. The estimated population in 2002 was 211.1 million. The population growth rate has declined in the last two decades, in which the annual average growth rate was 1.98 percent in year 1980-1990 and 1.49 percent in year 1990-2000. This figure was projected to decline further to 1.25 percent in 2002. Indonesia has a characteristic of geographical imbalance in population distribution. 59 percent of the country's populations are in Java Island, which covers only 7 percent of the total area of Indonesia. It makes the population density of Java higher than that of other islands. The average population density in the year 2002 was 112 population/km² and 44 percent of inhabitants lived in urban areas¹.

¹ Central Bureau of Statistics, National Family Planning Coordinating Board, Ministry of Health, and ORC Macro. Indonesia Demographic Health Survey 2002-2003.

Indonesia is a unitary state, in which administratively divided into provinces and each province is subdivided into regencies and municipalities. Altogether, there are 33 provinces, 302 regencies and 89 municipalities. The next lower administrative units are sub districts and villages which are consisted of 4,918 and 70,460 respectively¹.

Indonesia has faced the outbreak of the economic crisis since 1997 changing its feature as one of East Asia's miracle economies. Indonesia is the only crisis-hit country in Asia which has not felled back to its pre-crisis level of growth. Currently the economic growth is around 4%, while it was 7% or 8% in early 1990s. In 1998, Indonesia went through its worst economic crisis, the growth dropped to negative 13%. Income per capita decreased from US\$ 1,100 in 1996 to approximately US\$ 700 in 2000. Open unemployment increased from 4.7% in 1997 to 9.1% in 2002 and unemployment was around 24% in 2002. As a result, poverty rose steeply, reaching 23% in 1999 but in 2002 the level fell back to 18% - 38 million people^{1,2}.

Health system and pharmaceutical regulation

Indonesian health system is characterized by heavily relying on private sources, market oriented and profit-motivated. It is mainly because public investment in health is very low. The public expenditure on health in 2000 was only 0.6% of GDP or 20% of total health expenditure, which was US\$ 7.6 per capita annually. These figures were substantially below the average for low and middle income countries (2.5% of GDP, 47.2% of total health expenditure, and US\$ 34.9)². This low public expenditure left the private sector responsible for around 80% of total health expenditure. This spending was dependent on household budget as public health insurance system remains underdeveloped and its coverage was only around 20.2% of population³.

The low government spending led to prioritizing of health development to the primary healthcare system. An integrated public health service at primary level are available in all districts up to village level and the spending is fairly distributed across social classes.² In

² Central Bureau of Statistics, National Development Planning Agency, United Nation Development Programs. Indonesia Human Development Report, 2004.

³ National Health Survey, 2002

contrast, the private primary care and both public and private secondary and tertiary care (specialties and hospitalization) are mostly financed by out-of-pocket expenditures through fee-for-service payment model. As a result market and profit-motivated performance guide the health care services.

At present, the mechanism of medicines price control in Indonesia is mainly focused on public health sector for procurement of essential generic medicines for primary healthcare centers⁴, vertical public health programs⁵ and social safety net program (health insurance for the poor)⁶, 153 un-branded generic medicines for public & private sector have prices controlled by the government. Regrettably to say, the use of these medicines is less popular in private sectors. There is no government regulation of medicine prices for the rest of the 216 medicines on the National Essential Medicines List for private sector and no regulation of prices of branded medicines. As a result, market plays an important role in medicine pricing for unregulated medicines in Indonesia. This lack of regulation of prices of medicines affects the affordability and availability of medicines, which are factors influencing people's access to essential medicines.

⁴ Ministerial Health Order nr. 639 of 2003 on General Guideline for Drug Procurement for Public Primary Healthcare Center.

⁵ Ministerial Health Order nr. 638 of 2003 on General Guideline for Drug Procurement for Vertical Health Program.

⁶ Ministerial Health Order nr. 56 of 2005 on Guidelines for Health Insurance for the Poor

2. Methods

Study design

This study was cross-sectional to provide a comprehensive picture of prices of selected medicines in six regions in four regions in Indonesia by using WHO/HAI methodology. The study took place in one municipality and one district in every selected province. One municipal administrative area of capital of each province was selected to represent urbanized area, while one district administrative area of each province represented less urbanized area. The districts or municipalities were selected based on the availability of all levels of health care and the distance of district from the province capital. In each province, up to 20 outlets were surveyed

Some basic information on the pharmaceutical sector is attached as [Annex 1](#).

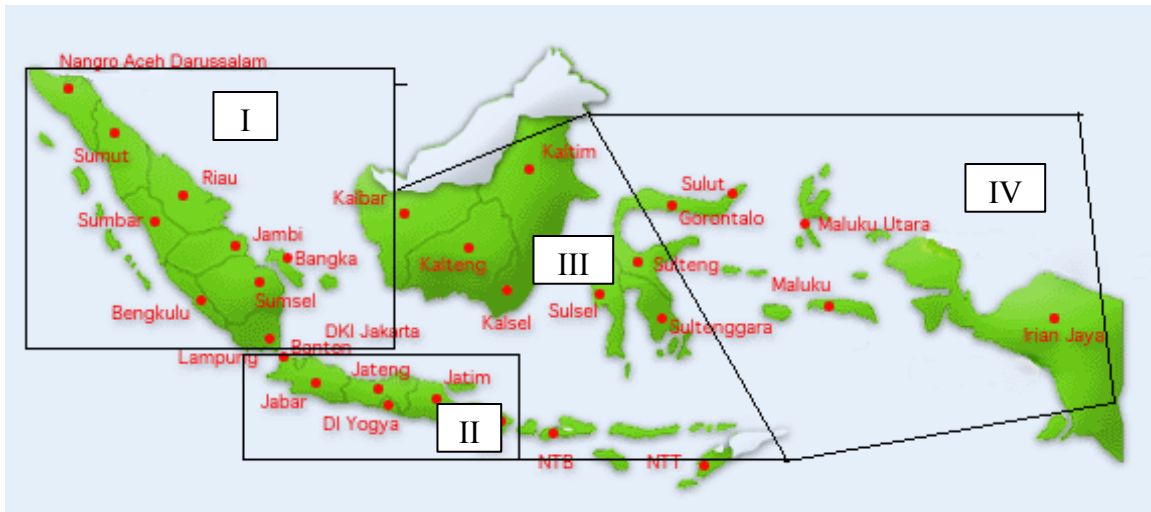
Study sites

The study was conducted in four regions representing Western part of Indonesia (I), Capital region and Java Island (II), Central part of Indonesia (III), and Eastern part of Indonesia (IV), see [Figure 1](#). Six provinces in those regions were included, see table 1. These groups were selected based on the distance of each region from Jakarta.

Table 1. Study locations

REGION	PROVINCE	MUNICIPALITY	DISTRICT
I	Sumatra Selatan	Palembang	Lubuk Linggau
II	DKI Jakarta	Jakarta Pusat Jakarta Timur	-
	Jawa Timur	Surabaya	Bondowoso
III	Sulawesi Selatan	Makasar	Gowa
	Kalimantan Selatan	Banjarmasin	Martapura
IV	Papua	Jayapura	Timika

Figure 1: Study Sites



Sample selection

In each location except Jakarta, which is entirely urban, outlets were selected according to the WHO/HAI guidance within the municipality containing the provincial headquarters and an adjacent rural district. This area generally contains a provincial hospital, two district hospitals and a large number of health centers, from which a total of 5 public facilities were selected. Health center outlets were deliberately under-represented, because in Indonesia health centers levy a flat fee for a consultation and drugs dispensed from the district government units. At least 5 private pharmacies were selected on the basis of proximity to these public sector facilities. Because religious foundations manage many private hospitals in Indonesia, the data collected from these NGO hospitals are grouped together with private hospitals; up to 5 (private and NGO hospitals) in each province were selected by proximity to the public facilities already chosen. Up to 5 other outlets, including dispensing doctors and registered drugs stores were selected. The drug stores were later deleted from the analysis.

The central medicine procurement and public medicine stores are at district level and managed by District Health Offices. The medicines are distributed to public primary healthcare centers within the district and finally to the patients at no charge or for a fixed fee per visit. Moreover, after health sector decentralization came into effect in 2000, local governments are allowed to purchase medicines for their public primary healthcare centers

and to expand the list of items and products. In some areas, especially in big cities, public primary healthcare centers extend their curative services by also providing private services. Therefore, the centers purchase some additional medicines not included in the government list or “branded” generic equivalent medicines, which have higher cost than those in the government list. In this case, prices that patients pay are net procurement prices without any additional charges such as handling cost.

The public sector patient prices were gathered from pharmacies within the public hospitals. Public hospitals are not part of central procurement and purchase from distributors / wholesalers. In Indonesia, public hospitals are allowed to collaborate with or set up private pharmacies on their premises, these private pharmacies in public hospitals were categorized as private sector and are included in the private sector.

Medicines selection

Twenty-six medicines from the WHO/HAI core list were selected as the basis for data collection and analysis. A list of 16 supplementary medicines was added, making the full list 42. Prices were collected for all these, but as 9 did not have a reference price in the source used, see below, these 9 were deleted from the analysis part and will be analysed separately as a component of a TRIPS study. Thus 7 supplementary medicines are included in this report: 5 medicines from the WHO/Trips template and WHO-Jakarta recommendation, 1 medicine that had a different strength from the one on the core list (fluconazole), and 1 medicine with high utilization rate (amoxicillin 500mg). In total 42 medicines were surveyed and 33 analysed.

Indonesia has a list of total 369 essential medicines (EML), 153 of these are non-branded generics under price control, see [Annex 2](#). The list varies by level of healthcare. 13 of these 153 are among the 33 surveyed in hospitals: aciclovir, amitriptyline, amoxicillin 250mg and 500mg, captopril, ciprofloxacin, diazepam, erythromycin, glibenclamide, hydrochlorothiazide, metformin, pyrimethamine+sulfadoxine, ranitidine. Eight of these are also on the primary healthcare EML (amitriptyline, amoxicillin 500mg, captopril, diazepam, erythromycin, glibenclamide, hydrochlorothiazide, pyrimethamine+sulfadoxine).

Prices were recorded for three categories of each substance: the innovator brand (IB), the most sold generic equivalent (MSG) and the lowest price generic equivalent (LPG). All medicines included in the survey has market authorization in Indonesia. The International Medical Statistics (IMS) of Indonesia's Total Market Audit in 2003 was the basis for developing the list and for determining the most sold generic equivalents in the country. The detailed list of medicines is attached as [Annex 3](#).

Study Personnel

The study involved various institutes in Jakarta and the five other selected provinces as follows:

- National Institute of Health Research and Development (Host Institute)
- Directorate of Pharmacy and Medical Devices, Ministry of Health (Collaborator and Local Investigator)
- National Agency of Food and Drug Control (Collaborator)
- Management Science for Health Indonesia (Collaborator)
- Indonesian Pharmaceutical Association (Collaborator)
- WHO Indonesia Office (Collaborator)
- Provincial Health Offices – 6 provinces (Collaborator)
- District Health Offices – 12 districts (Collaborator and local investigator)

Ethical Considerations

Permission to undertake this survey was obtained from the Ministry of Health, National Agency for Food and Drug Control, and Local Governments (Provincial Health Offices and District Health Offices). Before initiating data collection, written Informed Consent from the directors of hospitals, retail pharmacies, clinics, and doctors participating in the study were requested. Participant confidentiality in publications and reports during and following

completion of the survey, is ensured. Each health care facility was given a number to ensure anonymity. Access to both electronic and hard copy data is restricted to authorized principal investigator and senior study personnel only.

Pre-survey seminar

A pre-survey seminar was held in Ministry of Health, Jakarta on 23 June 2004 in collaboration with WHO-Indonesia prior to field survey. The objectives of this seminar were: 1) to discuss the current medicine prices and policy; 2) to raise awareness and support from government and other institutions in conducting a study on medicine prices; 3) to discuss medicines included in the survey and field preparation. A wide range of participants came from various institutions representing national governments (Ministry of Health, Ministry of Finance, National Agency for Food and Drug, Patent Office of Ministry of Law), local government participants in the survey (6 provinces), Research Institutions and university, Non-Governmental Organizations (Consumer Group of Indonesia, Indonesia Medical Association, Indonesia Pharmaceutical Association, Indonesia Hospital Association, Indonesia Pharmaceutical Watch), representative of the Association for Pharmaceutical Industry, and Parastatal Health Insurance Companies (Askes and Jamsostek). The seminar provided strong support to the survey.

Training

A two-days' workshop in Jakarta was held to train data collectors in ensuring the reliability and reproducibility of the survey.

3. Data Collection and Analysis

Data collection

A standardized data collection form was developed and pre-tested as part of the training prior to field survey. The form is attached as Annex 4. The 9 medicines not analysed are highlighted by shaded rows.

The survey team consisted of researchers from National Institute of Health Research and Development (NIHRD)-MOH and health representatives from the six provinces. Each province had one supervisor from NIHRD and two enumerators from the province. Field preparation was initiated by holding a local meeting in Provincial Health Offices and District Health Offices and it continued by selecting outlets to be surveyed and collecting informed consent by the directors of the outlets. The outlets were visited following the schedule arrangement done during the field preparation.

Price data were collected from three different sectors covering public, private for-profit and 'other' sectors. Included were 16 public primary healthcare centers (procurement prices), 15 pharmacies in public hospitals (public patient prices), 58 private for-profit institutions (retail pharmacies and private pharmacies in private, NGO and public hospitals) and 11 dispensing doctors.

Data Entry and Analysis

Data entry and analysis were done by the researchers from NIHRD. As mentioned above, 33 of the 42 medicines surveyed has been analysed.

The proposed methodology for identifying components of medicine prices was redesigned during the course of study and collection has since been done as a separate exercise and published as a separate report which is not included here.

The analysis calculated prices for medicines found in 4 or more outlets and used median prices for individual products. This was converted into a ratio (MPR) for each medicine by dividing the median price by its international reference price (IRP), see below. A summary of the MPRs of all medicines are automatically calculated. The size of the difference between the price representing 25% of the median price and the price representing 75% of the median price is used to indicate the price variability between facilities. The median price is also used to examine key aspects of treatment affordability. The analysis of availability is based on medicines found in 1 or more outlets.

International reference prices (IRP)

International reference prices are used in the WHO/HAI methodology to facilitate national and international price comparisons. Management Sciences for Health (MSH) 2003 median supplier unit prices were used as the reference for this survey (see MSH International Price Guide Indicator at <http://erc.msh.org>). Where no supplier prices were available, median agency unit prices were used. MSH prices represent recent procurement prices offered by not-for-profit and for-profit suppliers to developing countries for generically equivalent products. These suppliers sell in large quantities to governments and NGOs so the prices tend to be low.

Median price ratio (MPR)

The data from the survey are not presented in rupiah but as median price ratios (MPRs) calculated using international reference prices. The median price ratio is the median local cost (in rupiah) divided by the reference median unit price (converted to rupiah using the exchange rate on the first day of data collection i.e. 1 USD = 8 860 rupiah).

The ratio describes how much greater or smaller the local medicine price is to the international reference price, e.g. an MPR of 5 means that the local medicine price is five times the international reference price. Median price ratios facilitate comparisons in medicine price surveys, in particular between countries.

WHO and HAI consider an $\text{MPR} \leq 1$ to indicate that procurement for public sector is efficient and an $\text{MPR} \leq 2.5$ to be acceptable in the private sector. Larger price ratios are considered excessive.

4. Results

The following analyses will be presented:

4.1 Availability of the medicines in the different sectors on the day of data collection

4.2 Public sector procurement prices

4.3 Public sector patient prices and availability

4.4 Private for-profit sector patient prices and availability

4.5 Medicine prices and availability in the ‘other’ sector

4.6 Price variation across sectors

4.7 Private for-profit patient prices and availability across regions

4.8 Treatment affordability

4.9 National prices in an international perspective

The report also highlight differences between the prices of innovator brand medicines, nationally most sold generic equivalents (branded and non-branded), and lowest price generic equivalents in the facilities monitored. The reason for measuring both the most sold and the cheapest generic equivalents is to highlight any significant differences between what people would have paid if the lowest price generic equivalent had been prescribed and what they pay for the most popular generic.

4.1 Availability of the medicines on the day of data collection

Table 2. Number of products found in ≥ 4 facilities

Medicine type	Public Procurement	Public sector	Private sector	Other sector
Innovator Brand (IB)	0	3	25	0
Most Sold Generic Equivalent (MSG)	4	13	22	1
Lowest Price Generic Equivalent (LPG)	15	23	26	6

Table 2 shows that the most sold and the lowest price generic equivalents are more widely available in all sectors, except in private for-profit sector, than innovator brands. Dispensing doctors ('other' sector) had few of the surveyed medicines.

To list numbers only does not give good information about the situation because individual medicines have different importance, e.g. it is vital that medicines on the Indonesian Essential Medicines List (EML) are available. A full list of availability for individual medicines is included as [Annex 5](#). In the following results of more in depth analysis will be shown.

4.2 Public sector procurement prices

Table 3 Median MPRs for public sector procurement prices

	Number of medicines in ≥ 4 tenders	Median MPR	25%ile MPR	75%ile MPR
Innovator brand	0			
Most sold generic equivalent	4	1.44	1.16	2.24
Lowest price generic equivalent	15	1.74	1.43	3.38

Procurement prices were collected from 16 primary healthcare centers. 15 of the 33 medicines surveyed were found in at least four places. Median MPR for most sold generic, only 4 was found, was 1.44 with relatively wide variation in price between institutions. Median MPR for the 15 lowest price generics found in more than 4 institutions was 1.74, with even larger variation (3-fold). All the 8 medicines from the EML were found in at least 4 facilities.

Table 4 Median price ratios public sector procurement, lowest price generic - examples

Medicine	MPR for LPG
Ciprofloxacin	6.34
Diazepam	1.11
Glibenclamide	4.56
Ranitidine	8.43

For some of the medicines, MPR of the cheapest generic was as high as 4-8 times the IRP. Diazepam and glibenclamide are from the EML.

4.3 Public sector patient prices and availability

Table5. Summary of price ratios in public sector for lowest price generic medicines

	Procurement primary healthcare	Price to patients public hospitals
Median of the lowest price generic MPRs	1.74	2.54

The median of the MPRs of prices charged to patients (2.54) compared with the median of the MPRs of the government regulated prices for public primary healthcare (1.74) indicates that the average mark-up and taxes in the public hospital pharmacies amounts to around 46%. It must be noted that the procurement prices were collected in primary healthcare centers, patient prices were collected in public hospital pharmacies where the procurements were done by the hospitals themselves.

Table 6. Median MPRs in public sector pharmacies

Medicine type	No. of substances found	Median MPRs		
		Median MPR	25%ile	75%ile
Innovator brand	3	21.80	13.98	36.47
Most sold	13	5.51	1.69	7.27
Lowest price	23	2.54	1.73	5.77

In the public hospitals as representatives of public sector, for the 33 medicines in the survey, 3 innovator brand products (IB), 13 most sold (MSG) and 23 lowest price generic equivalents (LPG) were found in at least 4 facilities. A full list of MPRs for public sector patient prices can be found in [Annex 6](#). The MPRs of the LPGs of the 13 medicines from the EML are from 0.70 (hydrochlorothiazide) to 2.70 (pyrimethamine+sulfadoxine) except for ranitidine (3.40) and diazepam (5.51).

The median MPR of the 3 innovator brand products found in at least 4 facilities in 15 public hospitals surveyed was 21.80 times the median IRP but was quite variable with 51.13 (amlodipine), 21.80 (captopril) and 6.15 (metformin), respectively. Meanwhile, on average, the MSGs and LPGs were much less expensive, but the prices relative to the IRP were still

high and varied across medicines. The median MPR of the MSGs was 5.51 times the median IRP, with 50% of the medicines being sold in the range of 1.69 to 7.27 times the IRP. Meanwhile, the median MPR of the LPGs was 2.54 times the median IRP, with 50% of the medicines being sold in the range of 1.73 to 5.77 times the IRP. When comparing the prices of all medicines available in public sector, the cheapest and most expensive items were found to be 0.7 times (hydrochlorothiazide LPG) and 51 times (amlodipine IB) their IRPs respectively. Amlodipine LPG was as high as nearly 46, atenolol LPG was nearly 19 and phenytoin LPG 21.5.

Comparing matched pairs of medicines

In table 6 above, the analysis is based on all medicines found regardless of the different number found for the three presentations. When matching pairs of medicines are compared (i.e. the same medicine in the different forms) we get more reliable data.

Table 7. Summary of median MPRs for matched pairs of medicines found in public sector pharmacies

	IB (n=1)	MSG (n=1)	IB (n=3)	LPG (n=3)	MSG (n=13)	LPG (n=13)
Median MPR	21.80	1.69	21.80	2.54	5.51	2.15

Table 7 shows that in the matched pair comparison the IBs were almost 8 times more expensive than the corresponding MSGs and 12 times more expensive than the corresponding LPGs. Buying the LPGs will save more than twice compared to the MSGs (5.51 versus 2.15).

Availability of surveyed medicines in public sector on the day of data collection

Table 8 Availability of generics (LPG) in public pharmacies

Availability	Medicine
No pharmacies	Beclometasone inhaler, fluphenazine inj, lisinopril, nifedipine retard, salbutamol inhaler, stavudine, zidovudine
1-24 %	Fluconazole, fluoxetine, lovastatin
25-49 %	Atenolol, erythromycin, losartan, metformin, phenytoin, pyrimethamine+sulfadoxine, simvastatin
50-79 %	Aciclovir, amitriptyline, amlodipine, amoxicillin, carbamazepine, ceftriaxone inj, co-trimoxazole susp, diclofenac, glibenclamide, losartan,

	metformin, omeprazole
80 % and over	amoxicillin 500, captopril, ciprofloxacin, diazepam, hydrochlorothiazide, ranitidine

Only 6 out of the 33 medicines surveyed were widely available ($\geq 80\%$) as cheap generics in public sector pharmacies. About half (18) were found in at least 50% of the public sector pharmacies. Three of the EMLs were found in less than half the pharmacies. See also [Annex 5](#).

Private sector patient prices and availability

Table 9. Summary of median MPRs in private sector

Medicine type	No. of substances found	Median MPR		
		Median MPR	25%ile	75%ile
Innovator brand	25	22.78	10.75	54.10
Most sold	22	6.74	2.23	9.69
Lowest price	26	2.78	1.92	8.06

In the private for-profit sector, innovator brands (IB) were more widely available than in public sector. The prices were high compared to the international reference prices (IRP), the 25 IBs were found to be priced at 22.78 times the IRPs, while MSGs and LPGs were much less expensive, 6.74 and 2.78 times higher than the IRP respectively. The range of prices was also wide, 50 % of IBs, MSGs and LPGs were being sold in the range of 10.75 to 54.10, 2.23 to 9.69 and 1.92 to 8.06 times their IRPs respectively.

For a number of medicines, as shown in [Annex 6](#), there are large differences in price when comparing IBs with the MSGs or the LPGs. Some of the MSGs were half the price of the IBs but in other cases, the price difference was as high as 10 to 15 times. It is noteworthy that IB diazepam cost 100 times the IRP, the MSG 54 times and the LPG only 7 times. For amlodipine, even LPG is 50 times the IRP, and for the old medicine atenolol the IB is 75 times the IRP, generics are 21 times the IRP (see table 10 below).

Table 10. Median price ratios (MPRs) for individual medicines, private retail pharmacies - examples

	Innovator Brand	Most Sold Generic	Lowest Price Generic
Amlodipine	53.26	N/A	49.43
Atenolol	75.07	21.32	20.44
Ciprofloxacin	90.08	42.22	7.78
Diazepam	101.96	53.66	6.77
Glibenclamide	79.45	5.59	5.74

Comparing matched pairs of medicines

In table 9 above, the analysis is based on all medicines found regardless of the different numbers found for the three presentations. When matching pairs of medicines are compared (i.e. the same medicine in the different forms) we get more reliable data on differences.

Table 11. Summary of median MPRs for matched pairs of medicines found in private sector pharmacies

	IB (n=17)	MSG (n=17)	IB (n=21)	LPG (n=21)	MSG (n=22)	LPG (n=22)
Median MPR	22.78	6.64	25.89	2.75	6.74	2.59

Table 11 shows that in the matched pair comparison the IBs were around 4 times more expensive than the corresponding MSGs and 9 times more expensive than the corresponding LPGs. Buying the LPGs will save more than twice compared to the MSGs (6.74 versus 2.75).

Availability of surveyed medicines in private sector on the day of data collection

Table 12 Availability of generics (LPG) in private pharmacies

Availability	Medicine
No pharmacies	Beclometasone inhaler, fluphenazine inj, lisinopril, nifedipine retard, salbutamol inhaler, stavudine, zidovudine
1-24 %	fluconazole
25-49 %	Fluoxetine, lovastatin, pyrimethamine+sulfadoxine, simvastatin
50-79 %	Amitriptyline, amlodipine, atenolol, carbamazepine, ceftriaxone inj, co-trimoxazole susp, diclofenac, erythromycin, losartan, metformin, phenytoin

80 % and over	Aciclovir, amoxicillin 250mg, amoxicillin 500mg, captopril, ciprofloxacin, diazepam, glibenclamide, hydrochlorothiazide, omeprazole, ranitidine
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Only 10 out of the 33 medicines surveyed were widely available ($\geq 80\%$) as cheap generics in private pharmacies. 21 of the 33 were available in more than half of the pharmacies. Only one EML was found in less than half. See also [Annex 5](#).

Medicine prices and availability in the ‘other’ sector

Table 13. Summary of medicines availability and median price ratios in other sector

Medicine type	No. of substances found	Median MPR		
		Median MPR	25%ile	75%ile
Innovator brand	0			
Most sold	1	0.77	0.77	0.77
Lowest price	6	1.91	1.50	2.56

The other sector is dispensing doctors. The MPR of the MSG found, hydrochlorothiazide, was 0.77 which is very low. The median MPR of the 6 lowest price generics found was 1.91. Only 6 LPGs and 1 MSG were found. In Indonesia, doctors are not allowed to dispense medicines, but in fact several of them are still doing so with a limited number of medicines.

4.6 Price Variation Across Sectors

Table 14. Median Price Ratios for medicines found in the different sectors

Medicine type	Procurement	Public sector	Private sector
Innovator brand		21.80	22.78
Most sold	1.44	5.51	6.74
Lowest price	1.74	2.54	2.78

Innovator brands are very expensive in Indonesia, the median MPR in private sector was around 22 times higher than the median IRP. The prices of IBs were slightly lower in public sector, but the sample was small and can be biased. The prices of the MSGs in public procurement were almost three times lower than the prices in public and private pharmacies, the difference is smaller for LPGs. The median MPR of the MSGs was around 6

times the median IRP in both the public and private pharmacies. The LPGs are about 10 times cheaper than IBs. There are small differences between public and private sectors.

Annex 6 illustrate the situation for individual medicines. The data reveals small price differences in the two sectors.

4.7. Price variation across regions - private sector

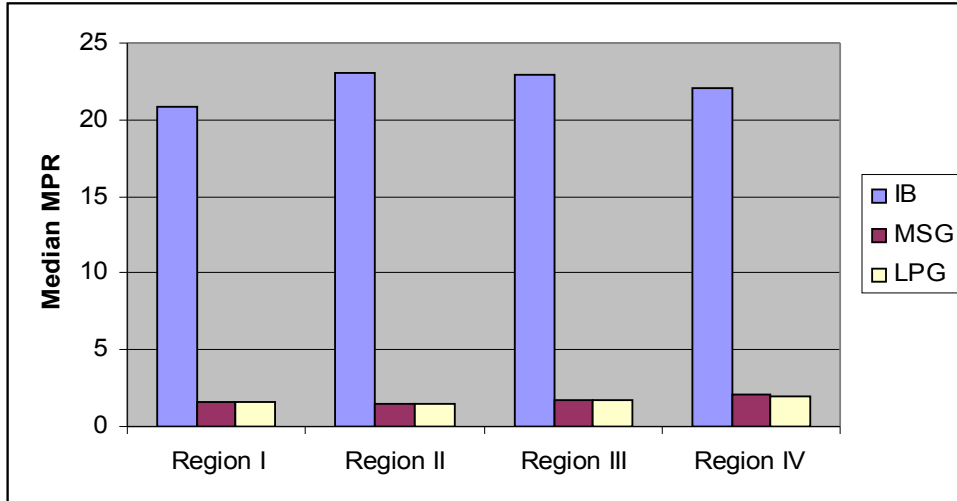
Table 15 and figure 2 show the median MPRs of medicines per region in public and private sector respectively. All individual ratios are attached as Annex. 7.

Table 15. Summary of median MPRs for medicines found in public sector, by regions

Regions	Median MPRs		
	Innovator brand	Most Sold	Lowest Price
I	-	-	-
II	-	2.81	2.09
III	51.23	5.68	3.68
IV	-	-	-

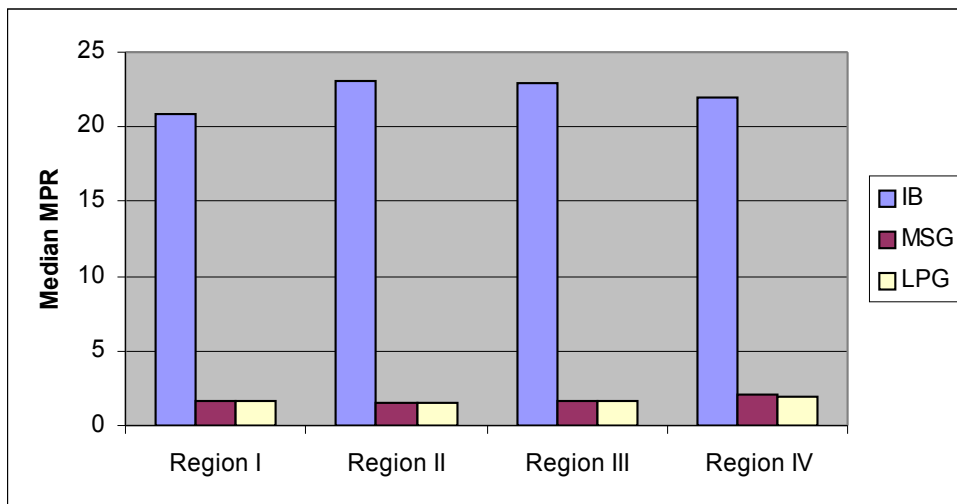
For public sector data are so few that no conclusion can be drawn on regional differences, but the difference between regions II and III indicates that patients in region III has to pay two times as much as patients in region II.

Figure 2. Summary of median MPRs for medicines found in private sector, by regions



Private sector prices show very little variation between regions. To show that this is independent of different numbers of medicines found in different regions and in different formulations, the data for captopril is shown in Figure 3.

Figure 3. Median price ratio for captopril in private sector, by region



4.8 Treatment affordability

The monthly salary of the lowest paid government worker was Rp 20,700.00 which is equal to USD 2.35 per day. Table 16 illustrates the affordability of treatment in the public and private sectors for one acute and one chronic condition. A full list of all the treatments analysed can be found in [Annex 8.](#)

Table 16. Cost of treatment for pneumonia and diabetes

Treatment	Type	Public Sector		Private Sector	
		Median Price (Rp)	Days' wages	Median Price (Rp)	Days' wages
Pneumonia: Amoxicillin 250 mg x 3 for 7 days	Brand			48 720	2.4
	Most sold	31 878	1.5	34 650	1.7
	Lowest price	7 455	0.4	7 406,70	0.4
Diabetes: Glibenclamide 5 mg x 2 for 30 days	Brand			173 160	8.4
	Most sold	12 000	0.6	12 180	0.6
	Lowest price	12 000	0.6	12 510	06

For a 7-day course of amoxicillin to treat pneumonia, a patient would need to pay the equivalent of 1.5 days' wages of the lowest paid government worker for the most sold generic and 0.4 days to buy the cheapest generic from public pharmacies. Innovator brand was not found in public sector. In the private pharmacies, the cost expressed in days' wages would be 2.4 for innovator brand and 1.7 or 0.4 for the two forms of the generic equivalent. There is little difference in cost between the public and private sectors. This cost refers only to the medicine component of the total treatment cost. Consultation fees and diagnostic tests may mean that the total cost to the patient is considerably higher. For a one month course of glibenclamide to treat diabetes, a patient would need to pay the equivalent of 0.6 days' wages for a generic in public sector. Innovator brand was not found. In the private pharmacies, the cost expressed in days' wages would be 8.4 days for innovator brand and 0.6 days for the generically equivalent products. Again no difference between the two sectors.

4.9 National prices in an international perspective

The 2004 medicines price data from countries involved in this study is expected to be available by the end of this year. Therefore, comparisons of medicines prices for a sample of medicines in different countries will be undertaken as soon as the data are available on the HAI website.

5. Discussion

In Indonesia medicine prices are not regulated except for around 150 non-branded generics in all sectors, the other essential medicines from EML are regulated only for public sector, particularly for primary health care. In the primary healthcare facilities these medicines will be free to patients whilst other medicines without controlled prices must be purchased for the procurement cost. Thus, because not all medicines carry a cost for the patients, patient prices in public sector was only surveyed in the pharmacies in the public hospitals where patients have to pay for all medicines.

Our survey of medicine prices in Indonesia shows extremely high prices of innovator brand products and relatively high prices of the most sold generic equivalents, the cheapest generics were generally more affordable. Public procurement prices were high and patient prices differed very little between public and private sectors. Regional variation was minimal.

For most products, the difference between innovator brands and the generically equivalent products was large, indicating a high brand premium. The differences in price between innovator brand products and cheapest generic equivalents were found to be as high as 10 times; one item (diazepam) was found to have a median price ratio as high as 101 times that of the international reference price in private sector. This was 2 times the price of the MSG and more than 15 times the LPG price.

A summary price ratio of 1.74 in public sector procurement (74% above the international free on board (FOB) reference price) is a sign that the procurement system in public sector is not working efficiently. A large country like Indonesia should be able to procure essential medicines for public sector at prices close to the IRPs (ratio of 1).

Prices in the public hospital pharmacies are high and almost identical to prices in the private pharmacies. This makes one wonder what the purpose of the public sector pharmacies is. In general, the innovator brand prices were much higher than the IRPs, but only 3 IBs were analysed. The median MPR of the IBs was about 2-10 times higher than the median MPR of the MSGs and, for some medicines the difference was as high as 15 times. The LPGs

median MPR (2.5) was also high compared to the international reference prices used. This may be caused by what seems to be exorbitant taxes, this has been confirmed in the price component study.

Prices in private pharmacies were high but surprisingly not higher than in public pharmacies. Availability was somewhat better, particularly for innovator brands which however, was on average 22 times the IRP.

High prices of innovator brands are, however, not always a problem. When there are cheaper generics available and these are being promoted and used, there is no problem. But if only innovator brands are available, if prescribers and dispensers have incentives to promote and sell them and in situations where they are patent protected, the high price makes them inaccessible to patients. The high prices of innovator brands where there are cheaper generics available, indicates that these manufacturers are not willing to participate in the competition by reducing their prices.

Some generic medicines have prices close to innovator brand prices. It is probably an indication that generic medicines' prices are based on the price of innovator brands ('what the market can bear') rather than on actual manufacturing cost.

Medicines distribution cost is one of the most influential factors existing in Indonesia, as most of pharmaceutical industries and importers are located in Jakarta surrounding. In 2003, national government (Ministry of Health) passed a Ministerial Decree on maximum prices for a list of essential medicines in public primary health care in four different regions. The prices include mark-up for transportation and distribution cost which are set at 2.5% in region 1, 5% in region 2, 7.5% in region 3 and 10% in region 4. However, when comparing prices paid by patients in both public and private for-profit facilities, the assumption of higher price for higher transportation and distribution costs in relation to longer distance from region 1 is not provable as prices were similar in all regions surveyed.

The availability of medicines in public facilities in primary healthcare and in public hospitals is mainly influenced by the situation that the medicines procured by local governments are

limited to the essential generically equivalent medicines listed in Ministerial Health Decree⁷; there were only 8 (eight) medicines from the essential list for Indonesia primary health cares included in the survey and 13 medicines from the essential list for Indonesia public hospitals.

The low availability of medicines in dispensing doctors' sector is mainly due to the nature of healthcare services which is focused on the first level of healthcare. Solo practice doctors provide simpler treatments and do not stock higher cost and infrequently required medicines. The other possible explanation was the design of study, a cross-sectional study design, a one point in time investigation, which does not take into account the problem of stock-outs.

Differences in availability between public and private sector was mainly seen for innovator brands. As mentioned above, this is not a problem where cheaper generics are available. However, public hospitals also have private pharmacies with more expensive innovator brands. Whether patients go here or to public pharmacies cannot be concluded from this survey. It is therefore difficult to say that a national policy on promoting generics is working so well that the much lower prices of the generically equivalent products minimize the price barrier for poor people. This pro-people policy needs to be strengthened by conducting pre-qualifying and quality assurance measurement and by developing a quality-assured therapeutic substitution policy to improve consumers' confidence, and also to employ a cost-containment strategy that affect the full cost of a course of treatment.

Affordability in particular of innovator brands was poor. In the two examples given it would cost the lowest paid government worker 1.5 days salary to pay for a week's treatment with innovator brand amoxicillin for pneumonia and 8.4 days salary to pay for a month's treatment of diabetes with glibenclamide. Both medicines are on the essential medicines list. In both cases, using cheap generics would cost much less with 0.4 and 0.6 days respectively. This survey cannot tell what is actually being purchased.

It was beyond the scope of this survey to identify whether generically equivalent products are cheaper due to lower quality. In this study, all products were registered in Indonesia so

⁷ Ministerial Health Decree number 639 of 2003 on general guideline of drug procurement in primary health care in Indonesia.

we assume that they were of acceptable quality. If differences in the quality of medicines is considered a possible cause of price differences, it could be addressed in any follow up to this study. There is, however, no link between quality and price, this is also shown by the low prices of good quality generic medicines used as reference prices in this survey.

The conclusions drawn from this survey are limited by a number of factors. We tried to identify the most sold generics using prescription statistics, but judging from the low number found, it seems as if we were not successful. The list of medicines surveyed may not represent the most frequently prescribed medicines. There may for instance be therapeutically equivalent substances that are more frequently used in Indonesia. Some medicines were added from the national list of essential medicines, but more would need to be surveyed to get a better picture. In the public sector, procurement prices were obtained from primary healthcare sector where patient prices were not surveyed. In public sector, several different types of private pharmacies were analysed together and we have not looked at any differences in price and availability between the facilities because the sample sizes for each type of facility are not large enough. Finally, to ascertain prices people actually paid can only be determined by specific studies such as interviewing patients when they leave the pharmacy (exit survey) or by visiting them at home (household survey). Price components are discussed in a separate report.

This survey should be used for signal generation. The findings identify some problems with medicine prices and pricing policies in Indonesia, which should encourage further studies to describe the situation in more detail.

6. Conclusions and recommendations

The principal conclusions of the study are as follows:

- Prices are high compared to international reference prices in public and private pharmacies and there are large differences between innovator brand and generic equivalent products.
- The prices of generic medicines vary and the cheapest generic equivalent is not always the most sold.
- The availability of medicines in public sector, especially in public procurement, is far from optimal. This could be due to a restricted list being used in public sector and not corresponding well with the list of medicines surveyed.
- The price difference between what patients pay in public and private sectors are small.
- Generics are widely available in all sectors and the prices are much lower than innovator brand products making treatment more affordable for most people but we do not know whether they are being promoted and sold as often as they should.
- The prices vary little across regions in Indonesia and suggests that distribution and transportation cost have little influence on final price.
- Indonesian public health sector is inefficient in procurement as prices obtained are on average almost two times the international procurement prices.

On the basis of the findings of the study, the following recommendations are made to the Ministry of Health Indonesia.

1. For a large country with a diverse healthcare sector such as Indonesia, this survey is not large enough to draw firm conclusions. Similar surveys should therefore be conducted by state.
2. An extended survey should be undertaken to ascertain the reasons for the high prices and the large prices differences between innovator brands and generic equivalent products.

3. Measures should be taken to lower patient prices in public sector, making public sector an attractive alternative.
4. A policy favouring the use of generic medicines should be strengthened by introducing quality assurance to increase professionals' and patients' confidence.
5. Inefficient public procurement should be elaborated and solved by following possible approaches:
 - Competitive tender with price transparency
 - Use international reference prices as guidelines
 - Introduce tender procurement for hospitals
6. In-depth analysis on generic medicines pricing should be undertaken in order to avoid that generic medicines are sold based on the selling price of innovator brand and not based on actual manufacturing cost.
7. A system for continuous monitoring of prices which must also ensure transparency should be established.
8. In September 2004, Indonesian Parliament has enacted the National Social Security Law in which national social health insurance program is one of the five social security programs. This Law opens an avenue to link national prepaid financing scheme with national drug policy. The Law can strengthen generic competition and medicine pricing formula indirectly through setting up drug formularies guaranteed by the national social health insurance program. The result of this study can be used for discussion on developing drug formularies for the implementation of the national social health insurance program.

ANNEX 1

National Pharmaceutical Sector form

Date: September 1, 2004

Population: 220 million

Daily wage of lowest paid government worker: Rp 20,700.00

Rate of exchange (commercial “buy” rate) to US dollars on the first day of data collection: 8,860.00

Sources of information: Directorate Pharmaceutical Ministry of Health

General information on the pharmaceutical sector

Is there a formal National Medicines Policy document covering both the public and private sectors?

> Yes No

Is an Essential Medicines List (EML) available?

> Yes No

If yes, state total number of medicines on national EML: 369

If yes, year of last revision: 2000

If yes, is it (tick all that apply):

- National>
- Regional
- Public sector only
- Both public and private sectors>
- Other (please specify):

If yes, is the EML being used (tick all that apply):

- For registration of medicines nationally
- Public sector procurement only
- Insurance and/or reimbursement schemes>
- Private sector
- Public sector>

Is there a policy for generic prescribing or substitution? Yes>

No

Are there incentives for generic prescribing or substitution? Yes>

No

Public procurement⁸

Is procurement in the public sector limited to a selection of essential medicines? Yes > No

If no, please specify if any other limitation is in force:

Type of public sector procurement (tick all that apply):

International, competitive tender

Open

Closed (restricted)

National, competitive tender >

Open

Closed (restricted)

Negotiation/direct purchasing >

Are the products purchased all registered? Yes > No

Is there a local preference?⁹ Yes > No

Are there public health programmes fully implemented by donor assistance which also provide medicines? Yes No >

(e.g. TB, family planning, etc.)

If yes, please specify: vertical program provided in public primary healthcare are jointly financed by national government and international donors such as TB and HIV/AIDS

Distribution¹⁰

Is there a public sector distribution centre/warehouse? Yes > No

If yes, specify levels: district level

Are there private not-for-profit distribution centres: Yes No >

e.g. missions/nongovernmental organizations?

If yes, please specify: National Red Cross,

Number of licensed wholesalers: 2,478

Retail

	Urban	Rural	Overall
Number of inhabitants per pharmacy (approx.)	NA	NA	NA
Number of inhabitants per qualified pharmacist	NA	NA	NA

⁸ If there is a public procurement system, there is usually a limited list of items that can be procured. Products procured on international tenders are sometimes registered in the recipient country only by generic names. Import permits to named suppliers are issued based on the approved list of tender awards. An open tender is one that is publicly announced; a closed one is sent to a selection of approved suppliers.

⁹ A local preference means that local companies will be preferred even if their prices are not the cheapest. Local preference is normally in the range of 10–20%.

¹⁰ The public sector often has a central storage and distribution centre which may have at least one sublevel. The private not-for-profit sector may be dominated by one type of NGO (e.g. church missions), but may also comprise others such as Bamako Initiative type projects, Red Cross or Red Crescent Society, Médecins Sans Frontières.

(approx.)

Number of pharmacies with qualified pharmacists	NA	NA	8,364
Number of medicine outlets with pharmacy technician	NA	NA	NA
Number of other licensed medicine outlets	NA	NA	NA

Private sector¹¹

Are there independent pharmacies? Yes> No Number: 8,364

Are there chain pharmacies? Yes> No Number: NA

Do doctors dispense medicines?¹² Yes> No

If yes, approximate coverage or % of doctors who dispense: NA

Are there pharmacies or medicine outlets in health facilities? Yes> No

¹¹ Retail outlets may be called pharmacies, medicine outlets, drug stores, chemists, etc. They may be run/owned by a qualified pharmacist (with diploma) or another category: e.g. pharmacy technician, or a lay person with short training.

¹² Many countries allow doctors to dispense and sell medicines.

ANNEX 2

**ESSENTIAL MEDICINES LIST
FOR NON BRANDED GENERICS WHICH PRICES ARE FULLY
CONTROLLED BY THE GOVERNMENT IN INDONESIA**

No.	Medicine Name
1	Aciclovir cream 5%
2	Aciclovir tablet 200 mg
3	Aciclovir tablet 400 mg
4	Albendazole tablet 400 mg
5	Allupurinol tablet 100 mg
6	Amiloride tablet 5 mg (HCl)
7	Aminophylline inj. 24 mg/ml
8	Aminophylline tablet 200 mg
9	Amitriptyline coated tablet 25 mg (HCl)
10	Amoxicillin capsul 250 mg
11	Amoxicillin powder for syrup 125 mg/5 ml
12	Amoxicillin tablet 500 mg
13	Ampicillin powder for inj. i.m/i.v 1000 mg/ml
14	Ampicillin powder for inj. i.m/i.v 500 mg/ml
15	Antacid chewing tablet: Al(OH) ₃ 200 mg & Mg(OH) ₂ 200 mg
16	Antacid suspension : Al(OH) ₃ 200 mg/ml & Mg(OH) ₂ 200 mg/ml
17	Anti malaria : Pyrimethamine 25 mg & Sulfadoxine 500 mg
18	Antihemorrhoidal : Bismuth subgallate 150 mg & hexachlorofen 2.5 mg
19	Anti-Parkinsonism : Carbidopa 25 mg, Levodopa 250 mg
20	Ascorbid Acid (Vitamin C) tablet 50 mg
21	Benzatin Benzyl Penicillin 1,200,000 IU/vial
22	Benzatin Benzyl Penicillin 2,400,000 IU/vial
23	Betamethasone cream 0.1 mg
24	Calcium lactate tablet 500 mg
25	Captopril tablet 12.5 mg
26	Captopril tablet 25 mg
28	Chloramphenicol ear drop 3%
29	Chloramphenicol suspension 125 mg/5 ml
30	Chloroquine tablet 150 mg
31	Chlorpheniramine Maleate (CTM) tablet 4 mg
32	Chlorpromazine coated tablet 100 mg (HCl)
33	Chlorpromazine coated tablet 25 mg (HCl)
34	Chlorpromazine inj.25 mg/ml (HCl)
35	Chlorpromazine inj.5 mg/ml (HCl)
36	Ciprofloxacin tablet 500 mg (as HCl)
37	Cotrimoxazole adult : Sulfametoxazole 400 mg & trimethoprim 80 mg
No.	Medicine Name

39	Cyanocobalamin (vitamin B12) inj. 500 mcg
40	Dexamethasone inj. i.v. 5 mg/ml
41	Dexamethasone tablet 0.5 mg
42	Dextrometorphan syrup 10 mg/ml (HBr)
43	Dextrometorphan tablet 15 mg(HBr)
44	Dextrose infusion solution 10 %
45	Dextrose infusion solution 5 %
46	Diazepam inj. 5 mg/ml
47	Diazepam tablet 2 mg
48	Diazepam tablet 5 mg
49	Dicloxacillin capsule 250 mg
50	Digoxin tablet 0.25 mg
51	Diltiazem HCl tablet 30 mg
52	Dimenhydrinate tablet 50 mg
53	Diphenhydramine inj. i.m. 10 mg/ml (HCl)
54	Doxycycline capsule 100 mg
55	Ephedrine tablet 25 mg (HCl.)
56	Epinephrine (Adrenalin) inj. 0.1% (as HCl)
57	Erythromycin capsule 250 mg
58	Erythromycin capsule 500 mg
60	Ethambutol coated tablet 500 mg (HCl.)
61	Ethambutol tablet 250 mg (HCl.)
62	Extract Belladonna tablet 10 mg
63	Fluor tablet 0.5 mg
64	Folic Acid tablet 1 mg
65	Furosemide inj. i.v/i.m 10 mg/ml
66	Furosemide tablet 40 mg
67	Gentamycin inj. 80 mg/ml
68	Gentamycin skin ointment
69	Glibenclamide tablet 5 mg
70	Glyceryl guaicolat tablet 100 mg
71	Griseofulvin tablet 125 mg, micronized
72	Haloperidol tablet 0.5 mg
73	Haloperidol tablet 1.5 mg
74	Haloperidol tablet 5 mg
75	Hydrochlorotiazide tablet 25 mg
76	Hydrocortisone cream 2% (acetate)
77	Ibuprofen tablet 200 mg
78	Ibuprofen tablet 400 mg
79	Isoniazide tablet 100 mg.
80	Isoniazide tablet 300 mg.
81	Isosorbid dinitrate sublingual tablet 5 mg
No.	Medicine Name

83	Lidocaine inj.2% (HCl) + Epinephrine 1 : 80.000 – 2ml
84	Lidocaine inj.2% (HCl)
85	Mebendazole tablet 100 mg
86	Metformin coated tablet 500 mg
87	Methampyrone tablet 250 mg
88	Methampyrone tablet 500 mg
89	Methyl ergometrine coated tablet 125 mg (maleat)
90	Metronidazole tablet 500 mg
92	Miconazole cream/ointment 2% (nitrat)
93	Na.bicarbonate tablet 500 mg
94	Na.thiosulfat inj. I.V 50 mg/ml (HCl)
95	NaCl infusion solution 0.9%
96	Nifedipine tablet 10 mg
97	Nystatin coated tablet 500.000 IU/g
98	Nystatin vaginal tablet 100.000 IU/g
99	Oralit powder : NaCl 0.7 g, KCl 0.3 g & Na.Citrate 0.58 mg
100	Oxytetracycline inj. I.V 50 mg/ml (HCl)
101	Oxytetracycline zalp mata 1% (HCl)
102	Paracetamol syrup 120 mg/ml
103	Paracetamol tablet 500 mg
104	Paracetamol tablet 500 mg
105	Perphenazine tablet 4 mg (HCl)
106	Phenobarbital inj.i.m/i.v.50 mg/ml
107	Phenobarbital tablet 30 mg
108	Phenoxymethylpenicillin tablet 500 mg
109	Phenoxymethylpenicillin tablet 500 mg
110	Phenylbutazone tablet 200 mg
111	Phytomenadione (vitamin K) coated tablet 10 mg
112	Phytomenadione (vitamin K) inj.10 mg/ml
113	Pilocarpine eye drops 2% (HCL/nitrat)
114	Povidon-iodine solution 10%
115	Praziquantel tablet 600 mg
116	Prazosin tablet 1 mg (HCl)
117	Prednisone tablet 5 mg
118	Primaquin tablet 15 mg
119	Procain Benzylpenicillin G inj. 3 jt IU/vial
120	Propranolol tablet 10 mg (HCl)
121	Propranolol tablet 40 mg (HCl)
122	Propylthiouracil (PTU) 100 mg
123	Pyrantel tablet score (base) 125 mg
124	Pyrazinamide tablet 500 mg
125	Pyridoxine (vitamin B6) tablet 10 mg
No.	Medicine Name
127	Quinine tablet 22 mg (H2SO4.7H2O)

128	Ranitidine tablet 150 mg
129	Reserpine tablet 0.10 mg
130	Reserpine tablet 0.25 mg
131	Retinol (Vitamin A) 100.000 IU soft capsule
132	Retinol (Vitamin A) 200.000 IU soft capsule
133	Retinol (Vitamin A) tablet 50.000 IU
134	Rifampicin capsule 300 mg
135	Rifampicin capsule 600 mg
136	Rifampicin coated tablet 450 mg
137	Ringer-lactate infusion solution
138	Salbutamol tablet 2 mg (as Sulfas)
139	Salbutamol tablet 4 mg (as Sulfas)
140	Salicylic Acid tablet 100 mg (Acetosal)
141	Salicylic Acid tablet 500 mg (Acetosal)
142	Streptomycin powder inj. i.v. 1500 mg/ml
143	Sulfadimidine tablet 500 mg
144	Atropin sulphate eyedrops 0.5 %
145	Atropin sulphate inj. i.m/i.v/s.c 0.25 mg/ml
146	Ferrous sulphate coated tablet 300 mg
147	Tetracycline capsule 250 mg
148	Tetracycline capsule 500 mg
149	Thiamine (Vitamin B1) inj. 100 mg/ml
150	Thiamine (Vitamin B1) tablet. 50 mg/ml (HCL/NO3)
151	Trihexyphenidyl tablet 2 mg
152	Verapamil tablet 80 mg (HCl)
153	Vitamin B complex tablet

ANNEX 3

List of medicines included in Indonesia medicines survey

Generic name	Strength	Form	Category	Core list?	Innovator brand	Most sold generic
Aciclovir	200 mg	tablet	antiviral	yes	Zovirax	Acyclovir
Amitriptyline	25 mg	tablet	antidepressant	yes	Tryptizol	Amitriptylyn
Amlodipine	5 mg	tab/cap	antihypertensive	no	Norvask	Tensivask
Amoxicillin	250 mg	tab/cap	antibacterial	yes	Amoxil	Amoxan
Amoxicillin	500 mg	tab/cap	antibacterial	no	Amoxil	Amoxan
Atenolol	50 mg	tablet	antihypertensive	yes	Tenormin	Betablok
Atorvastatin	10 mg	tab/cap	antihyperlipidaemic	no	Lipitor	-
Azithromycin	500 mg	tab/cap	antibacterial	no	Zithromax	Zistic
Beclometasone	50 mcg/ dose	inhaler	corticosteroid	yes	Becotide	Cleril
Candesartan	8 mg	tab/cap	antihypertensive	no	Blopress	-
Captopril	25 mg	tablet	antihypertensive	yes	Capoten	Captopril
Carbamazepine	200 mg	tablet	antiepileptic	yes	Tegretol	Carbamazepin
Ceftriaxone	1 g/vial	injection	antibacterial	yes	Rocephin	Terfacef
Celecoxib	200 mg	tab/cap	anti-inflammatory	no	Celebrex	-
Ciprofloxacin	500 mg	tablet	antibacterial	yes	Ciproxin	Baquinor
Co-trimoxazole	(8+40) mg/ml	suspension	antibacterial	yes	Bactrim	Cotrimoxazole
Diazepam	5 mg	tablet	sedative/hypnotic	yes	Valium	Stesolid
Diclofenac	25 mg	tablet	anti-inflammatory	yes	Voltaren	Voltadex
Erythromycin	250 mg	tab/cap	antibacterial	no	Erythrocin	Erythromycin
Esomeprazole	20 mg	tab/cap	antisecretory	no	Nexium	-
Fluconazole	150 mg	tab/cap	antifungal	no	Diflucan	Zemyc
Fluoxetine	20 mg	tab/cap	antidepressant	yes	Prozac	Kalxetin
Fluphenazine decanoate	25 mg/ml	injection	major tranquilliser	yes	Modecate	-
Ganciclovir	500 mg	injection	Antiviral	no	Cymevene	-
Glibenclamide	5 mg	tablet	antidiabetic	yes	Daonil	Glibenclamide
Hydrochlorothiazide	25 mg	tablet	antihypertensive	yes	Dichlotride	HCT
Lisinopril	20 mg	tab/cap	antihypertensive	no	Zestril	-
Losartan	50 mg	tablet	antihypertensive	yes	Cozaar	Insaar
Lovastatin	20 mg	tablet	antihyperlipidaemic	yes	Mevacor	Lotyn
Metformin	500 mg	tablet	antidiabetic	yes	Glucophage	Metformin
Nifedipine Retard	20 mg	tablet	antihypertensive	yes	Adalat Retard	-
Ofloxacin	200 mg	tab/cap	antibacterial	no	Tarivid	Akilen
Olanzapine	5 mg	tab/cap	major tranquilliser	no	Zyprexa	-
Omeprazole	20 mg	capsule	antisecretory	yes	Losec	OMZ
Phenytoin	100 mg	tab/cap	antiepileptic	yes	Epanutin	Phenytoin
Pyrimethamine with sulfadoxine	(25+500) mg	tablet	antimalaria	yes	Fansidar	Sulfadoxin Pyrimethamine
Ranitidine	150 mg	tablet	antisecretory	yes	Zantac	Radin
Risperidone	3 mg	tab/cap	major tranquilliser	no	Risperdal	Neripros
Salbutamol	0.1 mg/dose	inhaler	bronchodilator	yes	Ventoline	-
Simvastatin	20 mg	tab/cap	antihyperlipidaemic	no	Zokor	Simvastatin
Stavudine	40 mg	tab/cap	antiretroviral	no	Zerit	-
Zidovudine	100 mg	capsule	antiretroviral	yes	Retrovir	-

Note: tab/cap = tablet or capsule

SURVEI HARGA OBAT NASIONAL BADAN LITBANG DEPKES RI

Formulir Pengumpulan Data Harga Obat F-1

Gunakan satu formulir untuk masing-masing fasilitas kesehatan

Tanggal: ___/___/____ (tgl/bln/tahun)

Nama Kota/: _____

Nama fasilitas kesehatan (pilihan) Name of health facility/pharmacy (optional)

Nomor identifikasi fasilitas kesehatan (wajib diisi): Health facility/pharmacy ID (mandatory)

—

Jarak dari kecamatan terdekat yang berpenduduk > 50.000 :Distance in km from nearest town (population >50 000):

,

km

Jenis fasilitas kesehatan berdasarkan kepemilikan: Type of health facility

- Pemerintah Public pharmacy Apotik swasta Private retail pharmacy
- Lainnya (mohon dijelaskan) Other (please specify)

Jenis harga di fasilitas pemerintah dan sektor swasta nir laba: Type of price in public and private not-for-profit sector

- Harga pembelian Procurement price Harga yang dibayarkan pasien Price the patient pays

Nama apoteker pengelola apotek di fasilitas kesehatan: Name of manager of the facility

Nama responden yang memberikan informasi harga obat bila responden berbeda dengan manajer: Name of person(s) who provided information on medicine prices (if not the manager)

Nama Enumerator: Data collectors' _____

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VerifikasiVerification

Diselesaikan oleh kordinator lapangan setelah kunjungan selesai: To be completed by the area supervisor at the end of the day

kode kordinator lapangan

Tanda tangan Signed: _____

Tanggal Date: _____

KODE Kordinator lapangan dan Enumerator

Drs Rachbudi Helmi APT	01	Drs. Adrimas, Apt	01
		Elyta, SKM	02
Dra. Selma Siahaan, MHA	02	Drg. Ratih Ariningrum, MKes	03
		Drs. Moh. Annis, Apt	04
Dr. Trijuni Angkasawati, MSc	03	Fitira, Apt	05
		Ikasetya Andri Vidianstiny, Apt	06
Dra Martuti Budiharto, MM	04	Hj. Noorhasanah	07
		Noor Ipansyah, S.Si	08
Siti Sundari, Ph.D	05	Muh. Irwan A, S.Si, Apt	09
		Hartadi, S.Si, Apt	10
Dr. Luki Tjahjono, MKes	06	Dra. Sariati Sirait, Apt	11
		Dra. Diah Aryani, apt	12

Nomor Lokasi:

Sumatera Selatan	1	Palembang	01
		Lubuk Linggau	02
DKI Jakarta	2	Jakarta Timur	03
		Jakarta Pusat	04
Jawa Timur	3	Surabaya	05
		Bondowoso	06
Kalimantan Selatan	4	Banjarmasin	07
		Martapura	08
Sulawesi Selatan	5	Makasar	09
		Gowa	10
Papua	6	Jayapura	11
		Timika	12

Nomor identifikasi fasilitas: - -

Provinsi - kab/kota - fasilitas

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FORMULIR PENGUMPULAN DATA HARGA OBAT F-1 MEDICINE PRICE DATA COLLECTION FORM

Paling laku terjual: ditentukan dalam skala nasional Most sold: determined nationally

Harga terendah ditentukan di fasilitas Lowest price: determined at facility

No	A Nama generik, dosis, bentuk sediaan, dan kekuatan <small>Generic name, dosage form, strength</small>	B Nama dagang Brand name(s)	C Pabrik Manufacturer	D Cek <input checked="" type="checkbox"/> Jika tersedia <small>Available tick <input checked="" type="checkbox"/> for yes</small>	E Kemasan yang direkomendasikan <small>Pack size recommended</small>	F Kemasan yang ditemukan <small>Pack size found</small>	G Harga per kemasan <small>Price of pack found</small>	H Harga satuan Unit price (4 digits)	I Catatan <small>Comments</small>
1	Aciclovir tab 200 mg	Zovirax	GSK		25			/tab	
	<i>Paling laku terjual untuk generik yang sama</i> <small>Most sold generic equivalent</small>	Acyclovir	Indofarma		25				
	<i>Harga terendah untuk generik yang sama</i> <small>Lowest price generic equivalent</small>				25				
2	Amitriptyline tab 25 mg	Tryptizol	MSD		100			/tab	
	<i>Paling laku terjual untuk generik yang sama</i> <small>Most sold generic equivalent</small>	Amitriptylyn	Indofarma		100				
	<i>Harga terendah untuk generik yang sama</i> <small>Lowest price generic equivalent</small>				100				
3S	Amlodipine tab/caps 5 mg	Norvask	Pfizer						
	<i>Paling laku terjual untuk generik yang sama</i> <small>Most sold generic equivalent</small>	Tensivask	Dexa Medica						
	<i>Harga terendah untuk generik yang sama</i> <small>Lowest price generic equivalent</small>								
4	Amoxicillin caps/tab 250 mg	Amoxil	SKB (GSK)		21			/tab	
	<i>Paling laku terjual untuk generik yang sama</i> <small>Most sold generic equivalent</small>	Amoxan	Sanbe Farma		21				
	<i>Harga terendah untuk generik yang sama</i> <small>Lowest price generic equivalent</small>				21				
5-S	Amoxicillin caps/tab 500 mg	Amoxil	SKB (GSK)		21			/tab	
	<i>Paling laku terjual untuk generik yang sama</i> <small>Most sold generic equivalent</small>	Amoxan	Sanbe Farma		21				

	A	B	C	D	E	F	G	H	I
No	Nama generik, dosis, bentuk sediaan, dan kekuatan <small>Generic name, dosage form, strength</small>	Nama dagang <small>Brand name(s)</small>	Pabrik <small>Manufacturer</small>	Cek <input checked="" type="checkbox"/> Jika tersedia <small>Available tick <input checked="" type="checkbox"/> for yes</small>	Kemasan yang direkomendasikan <small>Pack size recommended</small>	Kemasan yang ditemukan <small>Pack size found</small>	Harga per kemasan <small>Price of pack found</small>	Harga satuan <small>Unit price (4 digits)</small>	Catatan <small>Comments</small>
	<i>Harga terendah untuk generik yang sama</i> <small>Lowest price generic equivalent</small>				21				
6	Atenolol tab 50 mg	Tenormin	AstraZeneca		60			/tab	
	<i>Paling laku terjual untuk generik yang sama</i> <small>Most sold generic equivalent</small>	Betablok	Kalbe Farma		60				
	<i>Harga terendah untuk generik yang sama</i> <small>Lowest price generic equivalent</small>				60				
7-S	Atorvastatin tab/caps 10 mg	Lipitor	Pfizer						
	<i>Paling laku terjual untuk generik yang sama</i> <small>Most sold generic equivalent</small>								
	<i>Harga terendah untuk generik yang sama</i> <small>Lowest price generic equivalent</small>								
8-S	Azithromycin tab/caps 500 mg	Zithromax	Pfizer						
	<i>Paling laku terjual untuk generik yang sama</i> <small>Most sold generic equivalent</small>	Zistic	Benopharm						
	<i>Harga terendah untuk generik yang sama</i> <small>Lowest price generic equivalent</small>								
9	Beclometasone inhaler 50 mcg/ dose	Becotide	GSK		1 inhaler: 200 doses			/dose	
	<i>Paling laku terjual untuk generik yang sama</i> <small>Most sold generic equivalent</small>	Cleril	Darya Varia		1 inhaler: 200 doses				
	<i>Harga terendah untuk generik yang sama</i> <small>Lowest price generic equivalent</small>				1 inhaler: 200 doses				

	A	B	C	D	E	F	G	H	I
No	Nama generik, dosis, bentuk sediaan, dan kekuatan <small>Generic name, dosage form, strength</small>	Nama dagang Brand name(s)	Pabrik Manufacturer	Cek <input checked="" type="checkbox"/> Jika tersedia <small>Available tick <input checked="" type="checkbox"/> for yes</small>	Kemasan yang direkomendasikan <small>Pack size recommended</small>	Kemasan yang ditemukan <small>Pack size found</small>	Harga per kemasan <small>Price of pack found</small>	Harga satuan Unit price (4 digits)	Catatan <small>Comments</small>
10S	Candesartan tab/caps 8 mg	Blopress	Takeda						
	<i>Paling laku terjual untuk generik yang sama</i> <small>Most sold generic equivalent</small>								
	<i>Harga terendah untuk generik yang sama</i> <small>Lowest price generic equivalent</small>								
11	Captopril tab 25 mg	Capoten	BMS		60			/tab	
	<i>Paling laku terjual untuk generik yang sama</i> <small>Most sold generic equivalent</small>	Captopril	Indofarma		60				
	<i>Harga terendah untuk generik yang sama</i> <small>Lowest price generic equivalent</small>				60				
12	Carbamazepine tab 200 mg	Tegretol	Novartis		100			/tab	
	<i>Paling laku terjual untuk generik yang sama</i> <small>Most sold generic equivalent</small>	Carbamazepin	Indofarma		100				
	<i>Harga terendah untuk generik yang sama</i> <small>Lowest price generic equivalent</small>				100				
13	Ceftriaxone inj 1 g powder	Rocephin	Roche		1 vial			/vial	
	<i>Paling laku terjual untuk generik yang sama</i> <small>Most sold generic equivalent</small>	Terfacef	Sanbe Farma		1 vial				
	<i>Harga terendah untuk generik yang sama</i> <small>Lowest price generic equivalent</small>				1 vial				
14S	Celecoxib tab/caps 200 mg	Celebrex	Pfizer						
	<i>Paling laku terjual untuk generik yang sama</i> <small>Most sold generic equivalent</small>								
	<i>Harga terendah untuk generik yang sama</i> <small>Lowest price generic equivalent</small>								

No	A Nama generik, dosis, bentuk sediaan, dan kekuatan <small>Generic name, dosage form, strength</small>	B Nama dagang <small>Brand name(s)</small>	C Pabrik <small>Manufacturer</small>	D Cek Jika tersedia <small>Available tick ✓ for yes</small>	E Kemasan yang direkomendasikan <small>Pack size recommended</small>	F Kemasan yang ditemukan <small>Pack size found</small>	G Harga per kemasan <small>Price of pack found</small>	H Harga satuan <small>Unit price (4 digits)</small>	I Catatan <small>Comments</small>
15	Ciprofloxacin tab 500 mg	Ciproxin	Bayer		1			/tab	
	<i>Paling laku terjual untuk generik yang sama</i> <small>Most sold generic equivalent</small>	Baquinor	Sanbe Farma		1				
	<i>Harga terendah untuk generik yang sama</i> <small>Lowest price generic equivalent</small>				1				
16	Co-trimoxazole paed suspension (8+40) mg/mL	Bactrim	Roche		100 mL			/mL	
	<i>Paling laku terjual untuk generik yang sama</i> <small>Most sold generic equivalent</small>	Cotrimoxazole	Pharos		100 mL				
	<i>Harga terendah untuk generik yang sama</i> <small>Lowest price generic equivalent</small>				100 mL				
17	Diazepam tab 5 mg	Valium	Roche		100			/tab	
	<i>Paling laku terjual untuk generik yang sama</i> <small>Most sold generic equivalent</small>	Stesolid	Alpharma		100				
	<i>Harga terendah untuk generik yang sama</i> <small>Lowest price generic equivalent</small>				100				
18	Diclofenac tab 25 mg	Voltaren	Novartis		100			/tab	
	<i>Paling laku terjual untuk generik yang sama</i> <small>Most sold generic equivalent</small>	Voltadex	Dexa Medica		100				
	<i>Harga terendah untuk generik yang sama</i> <small>Lowest price generic equivalent</small>				100				
19S	Erythromycin tab/caps 250 mg	Eryrocyn	Abbot						
	<i>Paling laku terjual untuk generik yang sama</i> <small>Most sold generic equivalent</small>	Erythromycin	Indofarma						
	<i>Harga terendah untuk generik yang sama</i> <small>Lowest price generic equivalent</small>								

	A	B	C	D	E	F	G	H	I
No	Nama generik, dosis, bentuk sediaan, dan kekuatan <small>Generic name, dosage form, strength</small>	Nama dagang Brand <small>name(s)</small>	Pabrik Manufacturer	Cek ✓ Jika tersedia <small>Available tick ✓ for yes</small>	Kemasan yang direkomendasikan <small>Pack size recommended</small>	Kemasan yang ditemukan <small>Pack size found</small>	Harga per kemasan <small>Price of pack found</small>	Harga satuan <small>Unit price (4 digits)</small>	Catatan <small>Comments</small>
20S	Esomeprazole tab/caps 20 mg	Nexium	Astra Zeneca						
	<i>Paling laku terjual untuk generik yang sama</i> <small>Most sold generic equivalent</small>								
	<i>Harga terendah untuk generik yang sama</i> <small>Lowest price generic equivalent</small>								
21S	Fluconazole caps/tab 150 mg	Diflucan	Pfizer		30			/tab	Go to supp list
	<i>Paling laku terjual untuk generik yang sama</i> <small>Most sold generic equivalent</small>	Zemyc	Pharos Indonesia		30				
	<i>Harga terendah untuk generik yang sama</i> <small>Lowest price generic equivalent</small>				30				
22	Fluoxetine caps/tab 20 mg	Prozac	Lilly		30			/tab	
	<i>Paling laku terjual untuk generik yang sama</i> <small>Most sold generic equivalent</small>	Kalxetin	Kalbe Farma		30				
	<i>Harga terendah untuk generik yang sama</i> <small>Lowest price generic equivalent</small>				30				
23	Fluphenazine decanoate inj 25 mg/mL	Modecate	Sanofi-Winthrop/ BMS		1 ampoule			/mL	
	<i>Paling laku terjual untuk generik yang sama</i> <small>Most sold generic equivalent</small>				1 ampoule				
	<i>Harga terendah untuk generik yang sama</i> <small>Lowest price generic equivalent</small>				1 ampoule				
24S	Ganciclovir inj 500 mg	Cymevene	Roche						
	<i>Paling laku terjual untuk generik yang sama</i> <small>Most sold generic equivalent</small>								
	<i>Harga terendah untuk generik yang sama</i> <small>Lowest price generic equivalent</small>								

	A	B	C	D	E	F	G	H	I
No	Nama generik, dosis, bentuk sediaan, dan kekuatan <small>Generic name, dosage form, strength</small>	Nama dagang Brand <small>name(s)</small>	Pabrik Manufacturer	Cek ✓ Jika tersedia <small>Available tick ✓ for yes</small>	Kemasan yang direkomendasikan <small>Pack size recommended</small>	Kemasan yang ditemukan <small>Pack size found</small>	Harga per kemasan <small>Price of pack found</small>	Harga satuan Unit price (4 digits)	Catatan <small>Comments</small>
25	Glibenclamide tab 5 mg	Daonil	HMR		60			/tab	
	<i>Paling laku terjual untuk generik yang sama</i> <small>Most sold generic equivalent</small>	Glibenclamide	Indofarma		60				
	<i>Harga terendah untuk generik yang sama</i> <small>Lowest price generic equivalent</small>				60				
26	Hydrochlorothiazide tab 25 mg	Dichlotride	MSD		30			/tab	
	<i>Paling laku terjual untuk generik yang sama</i> <small>Most sold generic equivalent</small>	HCT	Kimia Farma		30				
	<i>Harga terendah untuk generik yang sama</i> <small>Lowest price generic equivalent</small>				30				
27S	Lisinopril tab/caps 20 mg	Zestril	Astra Zeneca						
	<i>Paling laku terjual untuk generik yang sama</i> <small>Most sold generic equivalent</small>								
	<i>Harga terendah untuk generik yang sama</i> <small>Lowest price generic equivalent</small>								
28	Losartan tab 50 mg	Cozaar	MSD		30			/tab	
	<i>Paling laku terjual untuk generik yang sama</i> <small>Most sold generic equivalent</small>	Insaar	Interbat		30				
	<i>Harga terendah untuk generik yang sama</i> <small>Lowest price generic equivalent</small>				30				
29	Lovastatin tab 20 mg	Mevacor	MSD		60			/tab	
	<i>Paling laku terjual untuk generik yang sama</i> <small>Most sold generic equivalent</small>	Lotyn	Interbat		60				
	<i>Harga terendah untuk generik yang sama</i> <small>Lowest price generic equivalent</small>				60				

	A	B	C	D	E	F	G	H	I
No	Nama generik, dosis, bentuk sediaan, dan kekuatan <small>Generic name, dosage form, strength</small>	Nama dagang Brand <small>name(s)</small>	Pabrik Manufacturer	Cek <input checked="" type="checkbox"/> Jika tersedia <small>Available tick <input checked="" type="checkbox"/> for yes</small>	Kemasan yang direkomendasikan <small>Pack size recommended</small>	Kemasan yang ditemukan <small>Pack size found</small>	Harga per kemasan <small>Price of pack found</small>	Harga satuan <small>Unit price (4 digits)</small>	Catatan <small>Comments</small>
30	Metformin tab 500 mg	Glucophage	Merck		100			/tab	
	<i>Paling laku terjual untuk generik yang sama</i> <small>Most sold generic equivalent</small>	Metformin	Dexa Medica		100				
	<i>Harga terendah untuk generik yang sama</i> <small>Lowest price generic equivalent</small>				100				
31	Nifedipine Retard tab 20 mg	Adalat Retard	Bayer		100			/tab	
	<i>Paling laku terjual untuk generik yang sama</i> <small>Most sold generic equivalent</small>				100				
	<i>Harga terendah untuk generik yang sama</i> <small>Lowest price generic equivalent</small>				100				
32S	Ofloxacin tab/caps 200 mg	Tarivid	Kalbe Farma						
	<i>Paling laku terjual untuk generik yang sama</i> <small>Most sold generic equivalent</small>	Akilen	Sanbe						
	<i>Harga terendah untuk generik yang sama</i> <small>Lowest price generic equivalent</small>								
33S	Olanzapine tab/caps 5 mg	Zyprexa	Lilly						
	<i>Paling laku terjual untuk generik yang sama</i> <small>Most sold generic equivalent</small>								
	<i>Harga terendah untuk generik yang sama</i> <small>Lowest price generic equivalent</small>								
34	Omeprazole caps 20 mg	Losec	AstraZeneca		30			/caps	
	<i>Paling laku terjual untuk generik yang sama</i> <small>Most sold generic equivalent</small>	OMZ	Ferron Par Pharm		30				
	<i>Harga terendah untuk generik yang sama</i> <small>Lowest price generic equivalent</small>				30				

No	A Nama generik, dosis, bentuk sediaan, dan kekuatan <small>Generic name, dosage form, strength</small>	B Nama dagang Brand <small>name(s)</small>	C Pabrik Manufacturer	D Cek ✓ Jika tersedia <small>Available tick ✓ for yes</small>	E Kemasan yang direkomen dasi Pack size recommended	F Kemasan yang ditemukan <small>Pa ck size found</small>	G Harga per kemasan <small>Price of pack found</small>	H Harga satuan Unit price (4 digits)	I Catatan <small>Comments</small>
35	Phenytoin caps/tab 100 mg	Epanutin	Pfizer		100			/tab	
	<i>Paling laku terjual untuk generik yang sama Most sold generic equivalent</i>	Phenytoin	Ikapharmindo		100				
	<i>Harga terendah untuk generik yang sama Lowest price generic equivalent</i>				100				
36	Pyrimethamine with sulfadoxine tab (25+500) mg	Fansidar	Roche		3			/tab	
	<i>Paling laku terjual untuk generik yang sama Most sold generic equivalent</i>	Sulfadoxin Pyrimethamine	Indofarma		3				
	<i>Harga terendah untuk generik yang sama Lowest price generic equivalent</i>				3				
37	Ranitidine tab 150 mg	Zantac	GSK		60			/tab	
	<i>Paling laku terjual untuk generik yang sama Most sold generic equivalent</i>	Radin	Dexa Medica		60				
	<i>Harga terendah untuk generik yang sama Lowest price generic equivalent</i>				60				
38S	Risperidone tab/caps 3 mg	Risperdal	Jansen						
	<i>Paling laku terjual untuk generik yang sama Most sold generic equivalent</i>	Neripros	Pharos Indonesia						
	<i>Harga terendah untuk generik yang sama Lowest price generic equivalent</i>								
39	Salbutamol inhaler 0.1 mg per dose	Ventoline	GSK		1 inhaler: 200 doses			/dose	
	<i>Paling laku terjual untuk generik yang sama Most sold generic equivalent</i>				1 inhaler: 200 doses				
	<i>Harga terendah untuk generik yang sama Lowest price generic equivalent</i>				1 inhaler: 200 doses				

	A	B	C	D	E	F	G	H	I
No	Nama generik, dosis, bentuk sediaan, dan kekuatan <small>Generic name, dosage form, strength</small>	Nama dagang <small>Brand name(s)</small>	Pabrik <small>Manufacturer</small>	Cek <input checked="" type="checkbox"/> Jika tersedia <small>Available tick <input checked="" type="checkbox"/> for yes</small>	Kemasan yang direkomendasikan <small>Pack size recommended</small>	Kemasan yang ditemukan <small>Pack size found</small>	Harga per kemasan <small>Price of pack found</small>	Harga satuan <small>Unit price (4 digits)</small>	Catatan <small>Comments</small>
40S	Simvastatin tab/caps 20 mg	Zokor	MSD						
	<i>Paling laku terjual untuk generik yang sama</i> <small>Most sold generic equivalent</small>	Simvastatin	Dexa Medica						
	<i>Harga terendah untuk generik yang sama</i> <small>Lowest price generic equivalent</small>								
41S	Stavudine tab/caps 40 mg	Zerit	Bristol Myers Squibb						
	<i>Paling laku terjual untuk generik yang sama</i> <small>Most sold generic equivalent</small>								
	<i>Harga terendah untuk generik yang sama</i> <small>Lowest price generic equivalent</small>								
42	Zidovudine caps 100 mg	Retrovir	GSK		100			/caps	
	<i>Paling laku terjual untuk generik yang sama</i> <small>Most sold generic equivalent</small>				100				
	<i>Harga terendah untuk generik yang sama</i> <small>Lowest price generic equivalent</small>				100				

ANNEX 5

Medicine availability (%) in public and private sector

Generic name	% availability							
	Strength	Form	Innovator Brand		MSG		LPG	
			Public	Private	Public	Private	Public	Private
Aciclovir	200 mg	tablet	6.7	31.0	26.7	56.9	73.3	91.4
Amitriptyline	25 mg	tablet	0	0	53.3	70.7	60.0	74.1
Amlodipine	5 mg	tab/cap	53.3	82.8	0	0	53.3	62.1
Amoxicillin	250 mg	tab/cap	6.7	15.5	33.3	72.4	60.0	82.8
Amoxicillin	500 mg	tab/cap	13.3	32.8	66.7	96.6	93.3	100.0
Atenolol	50 mg	tablet	13.3	25.9	20.0	53.4	33.3	62.1
Beclometasone	0.05 mg/dose	inhaler	0	1.7	0	0	0	0
Captopril	25 mg	tablet	33.3	51.7	53.3	58.6	93.3	98.3
Carbamazepine	200 mg	tablet	6.7	65.5	60.0	69.0	60.0	70.7
Ceftriaxone	1 g/vial	injection	6.7	15.5	20.0	31.0	60.0	51.7
Ciprofloxacin	500 mg	tablet	6.7	27.6	40.0	81.0	80.0	93.1
Co-trimoxazole	(8+40) mg/ml	suspension	6.7	31.0	13.3	25.9	53.3	77.6
Diazepam	5 mg	tablet	6.7	48.3	13.3	50.0	80.0	81.0
Diclofenac	25 mg	tablet	20.0	65.5	20.0	39.7	60.0	74.1
Erythromycin	250 mg	tab/cap	0	17.2	20.0	36.2	40.0	65.5
Fluconazole	150 mg	tab/cap	13.3	43.1	0	0	6.7	10.3
Fluoxetine	20 mg	tab/cap	0	17.2	0	0	13.3	29.3
Fluphenazine decanoate	25 mg/ml	injection	0	12.1	0	0	0	0
Glibenclamide	5 mg	tablet	20.0	75.9	53.3	70.7	73.3	96.6
Hydrochlorothiazide	25 mg	tablet	0	0	73.3	79.3	86.7	89.7
Lisinopril	20 mg	tab/cap	0	8.6	0	0	0	0
Losartan	50 mg	tablet	0	10.3	26.7	51.7	40.0	62.1
Lovastatin	20 mg	tablet	0	0	6.7	20.7	6.7	25.9
Metformin	500 mg	tablet	33.3	70.7	0	0	46.7	50.0
Nifedipine Retard	20 mg	tablet	6.7	15.5	0	0	0	0
Omeprazole	20 mg	capsule	6.7	27.6	26.7	51.7	73.3	87.9
Phenytoin	100 mg	tab/cap	0	0	20.0	41.4	33.3	60.3
Pyrimethamine with sulfadoxine	(25+500) mg	tablet	13.3	70.7	20.0	19.0	33.3	43.1
Ranitidine	150 mg	tablet	20	46.6	33.3	48.3	80.0	84.5
Salbutamol	0.1 mg/dose	inhaler	13.3	56.9	0	0	0	0
Simvastatin	20 mg	tab/cap	0	1.7	46.7	29.3	46.7	31.0
Stavudine	40 mg	tab/cap	0	1.7	0	0	0	0
Zidovudine	100 mg	tab/cap	6.7	5.2	0	0	0	0

ANNEX 6

List of Median Medicine Price Ratios from Public and Private Sectors

ANNEX 7 Median Medicines Price Ratios in Private Sector by regions

Generic name	MPR																	
	Strength	Form	Innovator Brand		MSG		LPG											
			Public	Private	Public	Private	Public	Private	Public	Private	I	II	III	IV				
Aciclovir	200 mg	tablet		10.18	1.40	1.36	1.38	1.37										
Amitriptyline	25 mg	tablet			2.14	2.23	2.15	2.23										
Amlodipine	5 mg	tab/cap	51.13	53.26			45.85	49.43										
Generic name																		
Amoxicillin	250 mg	tab/cap		15.22	9.96	10.88	2.33	2.31										
Amoxicillin	500 mg	tab/cap		11.85	9.59	9.99	1.77	1.82										
Atenolol	50 mg	tablet		75.07			21.32	18.58										
Aciclovir	100 mg	tablet			1.28	1.31	1.32	1.37	1.46	1.28	1.31	1.39	1.48					
Beclometasone	0.05 mg/dose	inhaler																
Amitriptyline	25 mg	tablet	21.80	22.78	2.00	1.69	2.23	1.70	2.25	1.69	1.71	1.96	2.23	2.25				
Captopril	25 mg tab																	
Carbamazepine	200 mg	tablet		18.92			2.84	2.81	2.84	2.81		47.59	49.68	47.70	51.71			
Amlodipine	50 mg	tab/cap	53.13	55.56				7.12	1.41	1.49								
Ceftriaxone	1 g/vial	injection		13.02														
Ciprofloxacin	500 mg	tablet		90.08	10.43	40.49	10.68	42.22	10.82	6.03	11.57	2.06	2.24	10.17	2.71			
Amoxicillin	150 mg	tab/cap		15.22														
Co-trimoxazole	(8+40)	suspensi		43.81				2.19	2.12	2.27								
Amoxicillin	mg/ml	on			9.56	9.99	9.99	9.99	10.71	1.51	1.54	1.91	2.01					
Diazepam	5 mg	tablet		101.96				53.66	5.32	6.77								
Diclofenac	25 mg	tablet		59.09				21.32	6.64	20.63	9.41	23.23	6.69	6.25	17.23	20.63	23.41	
Atenolol	75 mg	tablet						2.25	2.17	2.42								
Erythromycin	250 mg	tab/cap		10.75														
Fluconazole	150 mg	tab/cap	22.91	22.02	1.62	1.53	1.71	2.08	1.73	1.97	1.62	1.50	1.71	1.97				
Captopril	20 mg	tab/cap		54.10														
Fluoxetine	20 mg	tab/cap																
Fluphenazine decanoate	25 mg/ml	injection	18.92	20.19	2.79	2.84	2.81	3.07	2.79	2.84	2.81	3.02						
Paracetamol	500 mg	tablet		79.45	5.51	5.59	5.51	5.74										
Glibenclamide	5 mg	tablet																
Hydrochlorothiazide	25 mg	tablet			0.70	7.00	0.81	0.70	0.81	2.84	1.41	5.37	1.49					
Lisinopril inj	20 mg	tab/cap		6.18														
Losartan	50 mg	tablet		1.40	40.49	0.96	2.24	1.03	42.22	0.95	43.94	7.36	7.30	8.44	7.84			
Ciprofloxacin	900 mg	tab/cap						8.81		8.16								
Losartan	20 mg	tablet																
Metformin	500 mg	tablet	6.15	6.97			2.65	2.19	2.54	2.62	2.21	2.42	2.22	2.56				
Metformin	400 mg	tablet																
Nifedipine	20 mg	tablet		23.34														
Nifedipine	10 mg	tablet																
Omeprazole	20 mg	capsule	95.45	56	9.48	48.97	52.64	6.84	53.66	1.66	56.43	1.73	6.26	7.00	6.84	27.67		
Omeprazole	20 mg	capsule																
Phenytoin	100 mg	tab/cap							21.46									
Phenytoin	100 mg	tab/cap																
Pyridoxine with	(25+50) mg	tablet	59.09	62.74	0.1	7.51	5.07	2.31	5.13	2.70	7.71	2.75	6.88	5.53	10.25	7.71		
Sulfamonomethoxazole	250 mg	tablet																
Ranitidine	150 mg	tablet		25.89	6.88	7.51	3.40	3.43										
Salbutamol	0.1 mg/dose	inhaler		4.49														
Simvastatin	20 mg	tab/cap			7.27	8.32	7.27	8.32										
Stavudine	40 mg	tab/cap																
Zidovudine	100 mg	tab/cap																

Generic name	MPR											
	Innovator Brand				Most Sold Generic				Lowest Price Generic			
	I	II	III	IV	I	II	III	IV	I	II	III	IV
Erythromycin 250 mg tab		10.75			2.40	2.22	2.27		2.22	2.25	2.42	3.95
Fluconazol 150 mg tab		92.74	92.35									
Fluoxetine 20 mg tab		54.95								17.53	21.04	
Fluphenazine decanoate 25 mg/ml inj		19.79										
Glibenclamide 5 mg tab	75.70	79.58	79.45	95.44	5.60	5.51	5.59		5.51	5.51	5.64	6.88
Hydrochlorothiazide 25 mg tab					0.71	0.79	0.81	1.93	0.71	0.77	0.81	1.93
Losartan 50 mg tab		1.48		1.06	1.02	0.97		1.06	1.02	0.98	0.99	1.06
Lovastatin 20 mg tab						8.64				8.30	7.62	
Metformin 500 mg tab	6.54	7.01	6.97	7.93					3.23	2.53	2.85	
Nifedipine Retard 20 mg tab		24.71										
Omeprazole 20 mg caps		9.69	9.46		6.57	6.77	6.84	7.16	1.66	1.58	1.76	1.80
Phenytoin 100 mg tab					23.08	24.12			23.08	23.41	48.34	41.73
Pyrimethamine + sulfadoxine (25+500)mg	26.35	30.49	28.90	31.23	2.46			2.44	2.42		10.10	2.44
Ranitidine 150 mg tab	24.81	27.05	25.89		7.18	7.60	7.48	8.30	3.22	3.38	3.43	3.76
Salbutamol 0.1 mg/dose inh	4.71	4.49	4.96	5.28								
Simvastatin 20 mg tab						8.45	8.32			8.45	8.32	

ANNEX 8 A list of Standard Treatment Affordability

Standard Treatment Affordability

Daily wage of lowest paid government worker (in local currency): 20700

Diabetes						Public Procurement		Public Patient		Private Retail		Other Patient	
Select Medicine Name	Medicine Strength	Dosage Form	Treatment Duration (in Days)	Total # of Units per Treatment	Product Type	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages
Glibenclamide	5 mg	cap/tab	30	60	Brand					173160.00	8.4		
					Most Sold	9508.50	0.5	12000.00	0.6	12180.00	0.6		
					Lowest Price	9945.90	0.5	12000.00	0.6	12510.00	0.6		

Hypertension						Public Procurement		Public Patient		Private Retail		Other Patient	
Select Medicine Name	Medicine Strength	Dosage Form	Treatment Duration (in Days)	Total # of Units per Treatment	Product Type	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages
Hydrochlorothiazide	25 mg	cap/tab	30	30	Brand								
					Most Sold	540.90	0.0	649.20	0.0	750.00	0.0	712.50	0.0
					Lowest Price	532.95	0.0	649.20	0.0	750.00	0.0	750.00	0.0

Hypertension						Public Procurement		Public Patient		Private Retail		Other Patient	
Select Medicine Name	Medicine Strength	Dosage Form	Treatment Duration (in Days)	Total # of Units per Treatment	Product Type	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages
Atenolol	50 mg	cap/tab	30	30	Brand					185580.00	9.0		
					Most Sold					52700.00	2.5		
					Lowest Price			45919.50	2.2	50535.00	2.4		

Adult resp. infects.

Public Procurement		Public Patient		Private Retail		Other Patient	
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Select Medicine Name	Medicine Strength	Dosage Form	Treatment Duration (in Days)	Total # of Units per Treatment	Product Type	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages		
Amoxicillin	250 mg	cap/tab	7	21	Brand					48720.00	2.4				
					Most Sold					31878.00	1.5	34650.00	1.7		
					Lowest Price	5573.57	0.3	7455.00	0.4	7406.70	0.4	8484.00	0.4		

Pediatric resp. infec.					Public Procurement	Public Patient	Private Retail	Other Patient							
Select Medicine Name	Medicine Strength	Dosage Form	Treatment Duration (in Days)	Total # of Units per Treatment	Product Type	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages		
Co-trimoxazole suspension	8+40 mg/ml	millilitre	7	70	Brand					97825.00	4.7				
					Most Sold					4900.00	0.2				
					Lowest Price	4036.67	0.2	4741.63	0.2	5075.00	0.2	5140.10	0.2		

Gonorrhoea					Public Procurement	Public Patient	Private Retail	Other Patient							
Select Medicine Name	Medicine Strength	Dosage Form	Treatment Duration (in Days)	Total # of Units per Treatment	Product Type	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages		
Ciprofloxacin	500 mg	cap/tab	1	1	Brand					25378.75	1.2				
					Most Sold					11409.00	0.6	11894.00	0.6		
					Lowest Price	1786.48	0.1	1700.00	0.1	2192.00	0.1	1050.00	0.1		

Arthritis					Public Procurement	Public Patient	Private Retail	Other Patient							
Select Medicine Name	Medicine Strength	Dosage Form	Treatment Duration (in Days)	Total # of Units per Treatment	Product Type	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages		
Diclofenac	25 mg	cap/tab	30	60	Brand					160200.00	7.7				
					Most Sold					18000.00	0.9				
					Lowest Price	14398.80	0.7	25500.00	1.2	18960.00	0.9				

Depression					Public Procurement	Public Patient	Private Retail	Other Patient
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Select Medicine Name	Medicine Strength	Dosage Form	Treatment Duration (in Days)	Total # of Units per Treatment	Product Type	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages
Amitriptyline	25 mg	cap/tab	30	90	Brand								
					Most Sold	9271.80	0.4	12987.00	0.6	13500.00	0.7		
					Lowest Price	9405.00	0.5	13050.00	0.6	13500.00	0.7		

Asthma					Public Procurement	Public Patient	Private Retail	Other Patient					
Select Medicine Name	Medicine Strength	Dosage Form	Treatment Duration (in Days)	Total # of Units per Treatment	Product Type	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages
Salbutamol inhaler	0.1 mg/dose	dose	as needed	200	Brand			85750.00	4.1				
					Most Sold								
					Lowest Price								

Peptic ulcer					Public Procurement	Public Patient	Private Retail	Other Patient					
Select Medicine Name	Medicine Strength	Dosage Form	Treatment Duration (in Days)	Total # of Units per Treatment	Product Type	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages
Ranitidine	150 mg	cap/tab	30	60	Brand			342660.00	16.6				
					Most Sold			91080.00	4.4	99345.00	4.8		
					Lowest Price	111600.00	5.4	45000.00	2.2	45390.00	2.2		

Diabetes					Public Procurement	Public Patient	Private Retail	Other Patient					
Select Medicine Name	Medicine Strength	Dosage Form	Treatment Duration (in Days)	Total # of Units per Treatment	Product Type	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages
Metformin	500 mg	cap/tab	30	90	Brand			87337.80	4.2	99000.00	4.8		
					Most Sold								
					Lowest Price			36000.00	1.7	37170.00	1.8		

Depression					Public Procurement	Public Patient	Private Retail	Other Patient
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Select Medicine Name	Medicine Strength	Dosage Form	Treatment Duration (in Days)	Total # of Units per Treatment	Product Type	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages	Median Treatment Price	Days' Wages
Fluoxetine	20 mg	cap/tab	30	60	Brand					848334.43	41.0		
					Most Sold								
					Lowest Price					297660.00	14.4		

